## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	RPORATI ISTATEM				DEPAR Secretar	y of S		i	FILED  08 DEC 19 PM 1: 53
DOCUMENT # 849910  1. Corporation Name									SECRETARY OF STATE TALLAHASSEE, FLORIDA
Florida Aero Precision, Inc.								5 12/1	00139170705 19/0801036015 **308,75
120 R	al Office Addre	P.O. Box #	_	3. Mailing Office Address 3055 Colerain Avenue			EIN	STATEMENT O' (	
Suite, Apt.				Suite, Apt. #, etc.			4. Date Incorporated or Qualified		
City & State	30x 1259	b			P.O. Box 25098				porated of Qualified siness in Florida 08/04/1981
	ark, FL		1 -	City & State Cincinnati, OH			5. FEI Numb		
Zip	· · · · · · · · · · · · · · · · · · ·			Zip			ntry	5921129 <b>6.</b>	THOI, OPPOSITE
33403	403 USA		45225		USA	A	CERTIFICAT	E OF STATUS DESIRED Status  S8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent									
Name Arlyn T. Easton							☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
Street Address (P.O. Box Number is Not Acceptable)  120 Reed Rd									
Sulte, Apt. #, Etc. P.O. Box 12596									
City State Zip Code									
Lake Park FL 33403									
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob- Signature of Registered Agent REGISTERED AGENT MUST SIGN								ligations of section 607.0505 or 617.0503, F.S.  Date 12/17/08	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
Titles	s Name of Officers and/or Directors				Street Address of Each Officer and/or Director				City / State / Zip
Р	Arlyn T. Easton				3055 Colerain Avenue			,	Cincinnati, OH 45225
V/S/T	Larry G. Allen				3055 Colerain Avenue				Cincinnati, OH 45225
М	Jack E.	or		3055 Colerain Avenue				Cincinnati, OH 45225	
D	Edward J. Mayer				3055 Colerain Avenue			_	Cincinnati, OH 45225
D	Garry E. McGuire				3055 Colerain Avenue				Cincinnati, OH 45225
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  SIGNATURE:  SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date:  Dat									
	<i>(/</i>		()			<del>-,,,</del>	<u>.</u>		1/17/2008 5/3 853-44/L Date Daytime Phone #